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January 13, 2005

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**TO: Examiner Cook (TC1600)**

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**FAX NUMBER: 703-872-9307**

**ATTORNEY DOCKET NO.: 1997-023-04US (PTQ-0028)**

**SERIAL NO.: 09/419,901**

**FILED: October 18, 1999**

**NUMBER OF PAGES: 21**

**MESSAGE:** Attached please find Amendment Transmittal Letter; Reply to the Office Action mailed October 14, 2004; executed Declaration by Dr. Jennifer Van Eyk; and Certificate of Transmission by Facsimile.

**Kathleen A. Tyrrell, Registration No. 38,350**

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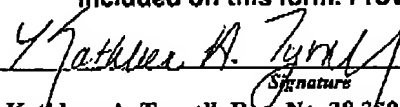
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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>PTQ-0028</b>	
Applicant(s): <b>Van Eyk et al.</b>					
Application No. <b>09/419,901</b>	Filing Date <b>October 18, 1999</b>	Examiner <b>Cook, Lisa V.</b>	Customer No. <b>26259</b>	Group Art Unit <b>1641</b>	Confirmation No. <b>2043</b>
Invention: <b>Methods of Diagnosing Muscle Damage</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29 -	68 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Kathleen A. Tyrrell, Reg. No. 38,350			Dated: <b>January 13, 2005</b>		
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					